



Please type or print in ink. 11 APR -7 PM 3:59

NAME OF FILER (LAST) Brown (FIRST) Ken (MIDDLE)

1. Office, Agency, or Court

Agency Name City of Sonoma
Division, Board, Department, District, if applicable
Your Position Council member

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☒ City of Sonoma ☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is through December 31, 2010.
☐ Leaving Office: Date Left (Check one)
○ The period covered is January 1, 2010, through the date of leaving office.
○ The period covered is through the date of leaving office.
☐ Assuming Office: Date
☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-31-11
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Ken Brown</u>

1. BUSINESS ENTITY OR TRUST	
Name <u>Sonoma Beach Flag Social Club</u>	
Address (Business Address Acceptable) <u>970 Amadeo Ct Sonoma</u>	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>Director</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input checked="" type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

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Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/10 ____/____/10 ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold <input type="checkbox"/> Other Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Ken Brown

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
_____	<input type="checkbox"/> Real Property _____ <div style="text-align: right;"><i>Street address</i></div>	
HIGHEST BALANCE DURING REPORTING PERIOD	<div style="text-align: right;">_____</div> <div style="text-align: right;"><i>City</i></div>	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Other _____	
<input type="checkbox"/> \$10,001 - \$100,000	<div style="text-align: right;"><i>(Describe)</i></div>	
<input type="checkbox"/> OVER \$100,000		

FPPC Form 700 (2010/2011) Sch. C
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Ken Brown</u>

NAME OF SOURCE <u>Sonoma International Film Festival</u>		
ADDRESS (Business Address Acceptable) <u>103 E. 11th St Suite A, Sonoma CA 94966</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Non Profit</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, , 10</u>	<u>\$ 200</u>	<u>tickets</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

NAME OF SOURCE <u>Sonoma Jazz + Aspen</u>		
ADDRESS (Business Address Acceptable) <u>110 East Hallum, #104 CO 81611</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Non Profit</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, , 10</u>	<u>\$ 300</u>	<u>tickets</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

Comments: _____